

Child's Name _____



2980 Davis Road, Fairbanks, AK 99709

Phone: 907-455-9466

Fax: 907-455-7208

Student Enrollment Form

Child:

Name: _____

Date of Birth: _____ Enrollment Date: _____

Parent/Guardian #1:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: (_____) _____ - _____ Carrier: ACS GCI AT&T _____

May we Text You? Yes or No

Employer: _____ Address: _____

e-mail: _____

Parent/Guardian #2:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: (_____) _____ - _____ Carrier: ACS GCI AT&T _____

May we Text You? Yes or No

Employer: _____ Address: _____

e-mail: _____

PREFERRED MEANS OF CONTACT IN EMERGENCY:

Child lives with? (Please Describe): _____

Days and hours needing care: _____

School Attending: _____ Transportation Needed? Yes or No

Child's Name _____

Nondiscrimination Statement: Open Arms Child Development Center admits students of any gender, race, color, national and ethnic origin, age or handicap to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

Confidentiality: All information given in this form is held strictly confidential and is used only to enable us to provide the best possible care for your child. Information about your family helps us to establish continuity between home and the care environment. You may choose to leave certain sections blank if you are uncomfortable sharing that information with us. **You are required to give us at least one local emergency contacts and authorizations to allow other people to pick up your child.** We will ask for identification if the person is unknown to us.

Emergency Contact/Authorization Pick-up People: It is important that we can contact others in the event you are not available. This list must be kept current at all times: please inform us of changes. Please list at least two:

Name: _____

Phone: _____ Relationship to child: _____

Emergency contact: Yes No Authorized to Pick-up: Yes No

Name: _____

Phone: _____ Relationship to child: _____

Emergency contact: Yes No Authorized to Pick-up: Yes No

Name: _____

Phone: _____ Relationship to child: _____

Emergency contact: Yes No Authorized to Pick-up: Yes No

Who is restricted from picking up your child? (Must attach custody or court order.)

Child's Name _____

Emergency Information: It is important that the information about your child is kept current at all times. In an emergency, we must have accurate information that will enable us to contact you immediately.

Medical Information:

Physician: _____

Address: _____ Phone: _____

Hospital: _____ Phone: _____

Health Insurance Coverage:

- Company: _____
- ID#: _____
- Group ID: _____
- People Insured: _____
- Phone Number: _____

I hereby agree to give administrative personnel and my child's teachers permission to access any health information about (child's name) _____ that is on file at Open Arms CDC.

Parent/Guardian Signature

Date

Printed Name

Authorization for Emergency Transport:

If a serious injury occurs and your child needs to be taken to the hospital before we can contact you, we need your permission to transport them.

Guardian Signature: _____

In case of emergency. I give permission for my child, _____, to be treated by available medical help.

Signature of Guardian

Date

Child's Name _____

Observation Release:

Open Arms Child Development Center has my permission to allow enrolled university students to observe and or teach my child. I understand that this is part of various early childhood experiences and is important for helping students become skilled in developmentally appropriate ways of working with young children.

Signature of Guardian

Date

Field Trip Permission:

My child has permission to go on any field trip made in conjunction with Open Arms Child Development Center.

Signature of Guardian

Date

Photography/Video Release:

Open Arms has permission to use my child's photograph for advertisement purposes, in newsletters, brochures, TV advertisements, web pages, etc.

Signature of Guardian

Date

Policies and Procedures:

I have toured Open Arms Development Center, read the brochure and parent handbook and had the opportunity to ask any questions that I might have. I understand and will follow the procedures and policies of Open Arms Child Development Center.

Signature of Guardian

Date

Child's Name _____

Health:

Describe your child's overall health: _____

Is your child allergic to any foods, pets, medications or other known substances? _____

Are you concerned about your child's vision, hearing or speech? _____

Is your child currently under a physician's care? _____ Why? _____

Is your child currently taking medication? _____

Does your child have special needs? _____

Development:

Indicate your child's current developmental level below. Please be candid, enrollment is not based on your responses.

	Needs Improvement	Average	Above Average
Making friends			
Helping others			
Playing safely			
Accepting guidance			
Controlling temper			
Cleaning up			
Solving own problems			
Ability to express needs			
Ability to express ideas			
Following directions			

*Preschool: Children must be 3 to 5 years of age and potty trained (be able to use the bathroom independently all day without teacher reminding child).

Child's Name _____

Family:

In order to help children make the transition from home to a care environment and to support families, we would like to know more about your child and the culture of your family. Through family culture, children gain a sense of who they are, a feeling of belonging, what is important, what is right and wrong, how to care for themselves, and others, and what to celebrate, eat and wear. The following information will assist us in providing sensitive, responsive care for you child.

Please write a paragraph describing your child. _____

What type of guidance and discipline do you find most successful for your child? _____

Primary language spoken in your home: _____

Secondary language spoken in your home: _____

Does your family have a church home? Yes _____ No _____

Member or regularly attend _____ (church)

Has your child been baptized or dedicated? Yes No

Date: _____ Church: _____

Would your family like to know more about Zion Lutheran (next door)? Yes No

What are your child's favorite activities? _____

Does your child have any fears we should be aware of? _____

Child's Name _____

Who are the important people in your child's everyday life, such as stepparents, grandparents, siblings, etc.? _____

Who has provided care for your child until now? _____

Describe any concerns or special needs, even if undiagnosed, that your child will need while here at Open Arms that we should let the staff know of:

Does your child have an Individual Education Plan (IEP) or Individual Family Plan (IFP)?

Yes No

Are there other specialists working with your child, such as; ACCA, FBX, School District, Building Blocks, etc.? _____

What accommodations or special routines will be required? (Example: Sleeping, toileting, diapering, feeding, specific materials or equipment, etc.) _____

List initial goals, or areas of focus that are related to the listed concern, or special need that you would like for Open Arms to assist your child and family with:

What else would you like us to know about your family?

Child's Name _____

Temperament Assessment: (adapted from Far West Laboratory for Educational Research & Development)

Please answer the following questions so we can increase our understanding of your child's temperament.

Activity Level – How much does your child wiggle and move around when being read to, sitting at the table or playing alone?

Active 1 3 5 Quiet

Regularity – How quickly does your child adapt to changes in her/his schedule or routine? How quickly does your child adapt to new foods and places?

Regular 1 3 5 Irregular

Approach/Withdrawal – How does your child usually react the first time to new people, new foods, new toys and new activities?

Adapts Quickly 1 3 5 Slow to Adapt

Physical Sensitivity – How aware is your child of slight noises, slight differences in temperature, differences in taste and differences in clothing?

Not Sensitive 1 3 5 Very Sensitive

Intensity of Reaction – How strong or extreme are you child's reactions? Does your child laugh and cry energetically or does s/he just smile and fuss mildly?

High Intensity 1 3 5 Mild Reaction

Distractibility – Is your child easily distracted or does s/he ignore distractions? Will you child continue to work or play when other noises or children are present?

Very Distractible 1 3 5 Not Distractible

Positive or Negative Mood – How much of the time does your child show pleasant, joyful behavior, compared with unpleasant, crying and fussing behavior?

Positive Mood 1 3 5 Negative Mood

Persistence – How long does your child continue with one activity? Does your child usually continue if it is difficult?

Long Attention Span 1 3 5 Short Attention Span